Maryland Department of Health and Mental Hygiene (DHMH)
Maryland Million Hearts: Request for Proposal, Work Plan, and Budget

Total Award Amount: Up to $45,000 per awardee

Number of Awards: 3

Approximate Award Period: March 1, 2015 – June 29, 2015

Eligibility: Local Health Departments (LHDs) in the following jurisdictions are eligible to apply: Anne Arundel County, Baltimore County, Calvert County, Carroll County, Charles County, Frederick County, Harford County, Howard County, Montgomery County, Prince George's County, Queen Anne's County, and Talbot County.

Problem Statement: Chronic diseases—including heart disease, cancer, stroke, diabetes, obesity, and related risk factors, physical inactivity, and poor diet—are the leading causes of death and disability in both the United States and Maryland, accounting for 7 of every 10 deaths. Heart disease, cancer and stroke account for more than 50% of deaths each year in both the United States and Maryland[i]. Prediabetes – a serious health condition that increases the risk of developing type 2 diabetes, heart disease and stroke – is a condition that remains underdiagnosed in the adult population. Only 7% of people with prediabetes are aware of their condition. According to CDC research, 79 million Americans – 35% of adults aged 20 years and older – have prediabetes and half of all Americans aged 65 years and older have prediabetes. These data extrapolate to 1.6 million Marylanders, age 20 years and older[ii] Less than half of people with hypertension have their blood pressure adequately controlled and only one-third of people with high cholesterol have adequately controlled hyperlipidemia.[iii] [iv] Among those with uncontrolled hypertension, many people (40% or 14 million people) don't know they have it, and millions more (45% or 16 million people) are taking blood pressure medicines, but still are not under control. Nearly 90% of U.S. adults with uncontrolled hypertension have a usual source of health care and insurance, representing a missed opportunity for hypertension control.[v] Improved hypertension control will require an expanded effort and an increased focus on blood pressure from health care systems, clinicians, and individuals.[vi] Eating too much sodium is a major contributor to high blood pressure. Most people consume too much sodium.[vii] At the present time, medical care costs for people with chronic diseases account for more than 75% of the nation's $2.6 trillion medical care costs. In 2010, the total costs of cardiovascular diseases in the United States were estimated to be $444 billion and treatment costs for heart diseases account for about $1 of every $6 spent on health care in this country.[viii] The direct and indirect costs of diabetes are $174 billion a year. Medical expenses for people with diabetes are more than two times higher than for people without diabetes

Purpose: The purpose of these awards is to create or enhance heart disease and diabetes infrastructure, in jurisdictions not currently receiving Million Hearts or State and Local Public Health (1422) funding from the DHMH, Center for Chronic Disease Prevention and Control. Activities and strategies outlined in the Scope of Work section in this RFP focus on: 1) Health system interventions to improve the effective delivery and use of clinical and other preventive services, and 2) Community-clinical linkages to support cardiovascular disease (CVD) and diabetes prevention and control efforts and the management of chronic diseases. These strategies align with the following national plans and guidelines:

The Guide to Community Preventive Services: http://www.thecommunityguide.org/index.html

The National Prevention Strategy:
http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf

Million Hearts™: www.millionhearts.hhs.gov
CDC-led National Diabetes Prevention Program: http://www.cdc.gov/diabetes/prevention/index.htm

Scope of Work: LHDs will work to improve the prevention, identification, and control of hypertension, diabetes, and prediabetes in their jurisdictions. The LHDs will coordinate with state and local partners, including DHMH, quality improvement partners, health information technology partners, health systems and practices, Federally Qualified Health Centers, and community-based chronic disease prevention and control programs to enhance community-clinical linkages and improve health systems. Specific activities must include:

1. Identify and promote community resources and programs for the prevention and control of high blood pressure, prediabetes, and diabetes by developing a community resources inventory and distributing to health care providers and community partners. This strategy should include activities to increase, and if possible to monitor, health care provider referrals to community resources (e.g. embed community resource referrals into electronic health records, create a user-friendly protocol for providers that includes community resource referrals, or educate providers on available resources included in the community resources inventory).
2. Build and/or enhance at least one health systems partnership and create an action plan for implementing one or more of the following health systems interventions:
    - Increase reporting, monitoring, and use of the following quality measures: NQF 18 (hypertension control) and NQF 59 (poor A1C control). Through this strategy, health care providers, practices, or clinics will assess their entire patient population level health by running electronic health record reports and use the data to implement quality improvement processes to improve health outcomes. Health care providers, practices, or clinics will also develop a process or protocol to sustain this approach.
    - Promote self-measured blood pressure monitoring accompanied by clinical support. Through this strategy, health care providers, practices, or clinics will develop a process or protocol to promote self-measured blood pressure strategies among appropriate hypertensive patients, providing clinical follow up, and measuring clinical impact/outcomes.
    - Implement policy or systems in health care settings to engage non-physician team members in hypertension and diabetes management in health care system

Please note that funds may not be used for food, lobbying, the purchase of medical equipment (including blood pressure cuffs/monitors), the delivery of evidence-based community programs (such as the Diabetes Prevention Program, Chronic Disease Self-Management Programs, or Diabetes Self-Management Education), or the provision of direct clinical services (education and screening are acceptable).

Technical Proposal Submissions: Interested LHDs shall send a narrative technical proposal that must be no smaller than 12-point font, double-spaced, with one-inch margins. Technical proposals shall be no longer than two (2) pages (this excludes work plan attachment, budget, budget narrative, letters of support, and any additional attachments).

Technical Proposals: The narrative technical proposal must be no longer than two (2) pages and must include the following:

A. Contact Information
    1. Organization name, billing address, Federal Employer Identification Number (FEIN), and DUNS
    2. Name, address, telephone number, e-mail address, fax number, and position/title of the individual who will serve as the primary contact for this contract.

B. Background Information
    1. Description of the burden of hypertension and diabetes in the jurisdiction.

C. Capacity and Previous Experience
    1. Description of the organizational capacity to implement the project.
    2. Description of experience implementing relevant health system based programs.
    3. Description of experience implementing relevant community-based programs.
    4. Description of experience educating health care providers on the benefits of community programs and/or promoting health care provider referrals to community programs, if applicable.

D. Work Plan Narrative
    1. Description of the plan of action to complete the scope of work.
    2. Description of steps to evaluate work.

E. Sustainability (5 points)
    1. Description of how work will ensure sustainable relationships.
    2. Description of plans to promote program sustainability.

Required Attachments: The following attachments must also be included (and are not counted in the two-page limit):

A. Completed Work Plan Template (Attachment A)
B. A detailed, narrative budget including a justification or rationale for all line items
    1. Also, submit a budget using the DHMH UFD Excel template

Reporting Requirements: LHDs will be required to submit Plan-Do-Study-Act templates monthly. LHDs will also be required to submit quarterly data reports using a provided template. LHDs will be required to participate in monthly Community of Practice calls organized by DHMH.

Review Criteria and Scoring

A. Background Information (5 points)
B. Capacity and Previous Experience (5 points)
C. Work Plan Narrative (20 points)
D. Sustainability (10 points)
E. Budget Narrative (10 points)

SUBMISSION DEADLINE: Completed proposals with all required attachments must be emailed to **adelline.ntatin@maryland.gov**, NO LATER than 2:00 p.m. on February 25, 2015. You will receive an email confirming receipt.

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[i] Maryland Vital Statistics Administration. Maryland Vital Statistics Annual Report, 2013. Baltimore MD: Maryland Department of Health and Mental Hygiene. Available from: http://dhmh.maryland.gov/vsa/Documents/13annual.pdf

[ii] Centers for Disease Control and Prevention. Diabetes Facts. National Diabetes Prevention Program available from http://www.cdc.gov/diabetes/prevention/factsheet.htm

[iii] CDC. Vital Signs: Awareness and Treatment of Uncontrolled Hypertension Among Adults-United States, 2003-2010. MMWR September 4, 2012:61(35);703-709.

[iv] Vital Signs: Prevalence, Treatment and control of High Levels of Low-Density Lipoprotein Cholesterol-United States, 1999-2002 and 2005-2008. MMWR February 2, 2011:60(4); 109-112.

[v] Centers for Disease Control and Prevention. Vital Signs: Awareness and Treatment of Uncontrolled Hypertension Among Adults-United States, 2003-2010.

[vi] MMWR; September 4, 2012:61(35); 703-709

[vii] Centers for Disease Control and Prevention. Usual Sodium Intakes Compared with Current Dietary Guidelines – United States. 2005-2008. MMWR (2011);60941):1413-1417.

[viii] Centers for Disease Control and Prevention. Heart Disease and Stroke Prevention At-a-Glance. http://www.cdc.gov.chronicdisease/resources/publications/AAG/dhdsp.htm